



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 021989000320										
<p>In re Application of G.H. Lowell Application Number 09/407,327 Filed 28 September 1999 For Oral or Intranasal Vaccines Using Hydrophobic Complexes Having Proteosomes and Lipopolysaccharides Art Unit 1645 Examiner R. Zeman</p>												
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p>												
<p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$110.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$_____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$_____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$_____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$_____</td></tr></table>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$_____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$_____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$_____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$_____
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00											
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$_____											
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$_____											
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$_____											
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$_____											
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$_____.</p>												
<p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p>												
<p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>												
<p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p>												
<p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.</p>												
<p>I have enclosed a duplicate copy of this sheet.</p>												
<p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). <u>29,684</u>.</p>												
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>												
<p>December 11, 2003 _____ Date <u>858-350-6108</u> Telephone Number</p>												
<p><i>Karen Babyak Dow</i> Signature Karen B. Dow, Reg. No. 29,684 _____ Typed or printed name</p>												

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 5 forms are submitted.

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